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# ACTING ON BEHALF OF Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Maka EMS Service LLC

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:

\$ 4,667.64

Interest through 2/9/17:

\$ 1,348.75

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/9/17:

\$ 6,016.39

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.25% annually (a rate of \$1.31 per diem).

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

February 09, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service



## ACTING ON BEHALF OF Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Maka EMS Service LLC

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:

\$23,212.76

Interest through 2/9/17:

\$ 6,795,29

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/9/17:

\$30,008.05

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.25% annually (a rate of \$6.52 per diem).

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

February 09, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service



### ACTING ON BEHALF OF Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Maka EMS Service LLC

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:

\$70,067.70

Interest through 2/9/17:

\$20,248.93

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/9/17:

\$90,316.63

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.25% annually (a rate of \$19.68 per diem).

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

February 09, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service



### ACTING ON BEHALF OF Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment CERTIFICATE OF INDEBTEDNESS

Debtor Name(s) and Address(es):

Maka EMS Service LLC

The debtor named above is indebted to the United States in the amount stated as follows:

Principal:

\$72,673.62

Interest through 2/9/17:

\$21,270.91

(pursuant to 31 U.S.C. 3717(e) and 3711(g)(6), (7); 31 C.F.R. 285.12(j) and 31 C.F.R. 901.1(f); and 28 U.S.C. 527, note)

TOTAL debt owed as of 2/9/17:

\$93,944.53

NOTE: Per the creditor agency, interest continues to accrue on the principal amount shown here at the rate of 10.25% annually (a rate of \$20.41 per diem).

**CERTIFICATION:** Pursuant to 28 USC ss. 1746, I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief based upon information provided by the Department of Health & Human Services, Centers for Medicare & Medicaid Services, Medicare Overpayment.

February 09, 2017

Signed by: Ashleigh N. Edmonds

Ashleigh Edmonds
Financial Program Specialist
U.S. Department of the Treasury
Bureau of the Fiscal Service

Shleif Edward